MICHIGAN DEPARTMENT OF COMMMUNITY HEALTH
OFFICE OF DRUG CONTROL POLICY

DATA COLLECTION/RECORDING AND REPORTING REQUIREMENTS - Effective 10/1/2006

Overview of Reporting Requirements

The reporting of substance abuse services data by the CA as described in this material meets several purposes at MDCH including:

-Federal data reporting for the SAPT Block Grant application and progress report, as well as for the treatment episode data set (TEDS) reported to the federal Office of Applied Studies, SAMHSA.

-Managed Care Contract Management

-System Performance Improvement

-Statewide Planning

-CMS Reporting

-Actuarial activities

Special reports or development of additional reporting requirements beyond the initial data and reports required by the Department may be requested within the established parameters of the contract. The CA will likely maintain, for management and local decision-making, additional information to that specified in the reporting requirements.

Standards for collecting and reporting data continue to evolve. Where standards and data definitions exist, it is expected that each CA will meet those standards and use the definitions in order to assure uniform reporting across the state. Likewise, it is imperative that the CA employs quality control measures to check the integrity of the data before it is submitted to MDCH. Error reports generated by MDCH will be available to the submitting CA the day following a DEG submission. MDCH's expectation is that the records that receive error Ids will be corrected and resubmitted as soon as possible. The records in the error file are cumulative and will remain errors until they have been corrected.

Individual services recipient data received at MDCH are kept confidential and is always reported out in aggregate. Only a limited number of MDCH staff can access the data that contains any possible individual client identifiers. (Social Security number, date of birth, diagnosis, etc.) All persons with such data access have signed assurances with MDCH indicating that they are knowledgeable about substance abuse services

confidentiality regulations and agree to adhere to these and other departmental safeguards and protections for data.

Technical specifications-- including file formats, error descriptions, edit/error criteria, and explanatory materials on record submission with associated record tagging requirements at the CA level to assure data synchronization with MDCH data records, are in the *Supplemental Instructions for 837 Encounter and Quality Improvement (QI) Data Submission for Substance Abuse Coordinating Agencies*. This document is on the MDCH Website at: http://www.michigan.gov/documents/SA_SupplementalInstructionsforEncounters_021803_58382_7.pdf

Reporting covered by these specifications includes the following:

-Treatment Admission Records (due monthly)

-Treatment Discharge Records (due monthly)

- 837 4010 Encounter Records for Non-Medicaid Clients (due monthly)

-Performance Indicators Reports (due quarterly)

-Sentinel Events (due semi-annually)

A. Basis of Data Reporting

The basis for data reporting policies for Michigan substance abuse services includes:

1. Federal funding awarded to Michigan through the Substance Abuse Prevention and Treatment (SAPT) federal block grant to share in support of substance abuse treatment and prevention requires submission of proposed budgets and plans. Resources and plans must be reviewed and considered by the State in light of statewide needs for substance abuse services.

2. Public Act 368 of 1978, as amended, requires that the department develop:

   A comprehensive State plan through the use of federal, State, local, and private resources of adequate services and facilities for the prevention and control of substance abuse and diagnosis, treatment, and rehabilitation of individuals who are substance abusers.

   In addition, the department shall:

Establish a statewide information system for the collection of statistics, management data, and other information required.

Collect, analyze and disseminate data concerning substance abuse treatment and rehabilitation services and prevention services.

Conduct and provide grant-in-aid funds to conduct research on the incidence, prevalence, causes, and treatment of substance abuse and disseminate this information to the public and to substance abuse services professionals.

3. Comprehensive planning requires statewide needs assessments to include identification of the extent and characteristics of both risks for development and current substance abuse problems for the citizens of Michigan.

B. Policies and Requirements Regarding Data

Treatment Data reporting will encompass Substance Abuse (SA) services provided to clients supported in whole or in part with state administered funds through MDCH/DCS/SA contracted funds and funds for SA services to Medicaid recipients included in PIHP contracts..

Definitions:

State administered funds: Any state or federal funding provided by the MDCH/DCS/SA contract. Funds provided include federal SAPT Block Grant, state general funds, MIChild, and other categorical or special funds. Since funds provided under the contract include local match (fees and collections, local, and P.A. 2 as examples) data reporting requirements include those funds which are considered as Ain-part@ funding. Medicaid funds are covered under the MDCH/PIHP contract as required reporting by CAs as part of their data reporting responsibilities.

Data: Client admission and discharge records (for treatment services), and client institutional and professional encounter records, and backup required to produce this information (e.g. billings from providers, services logs, etc.). Prevention services data are not addressed herein.

Services: Substance abuse treatment (residential, residential detox, intensive outpatient, outpatient, including pharmacological supports as part of above), substance abuse assessment (screening, assessment, referral and follow-up) provided by appropriately state licensed programs. Prevention services data are not addressed herein.

Supported in whole or in part: Those services for which the CA pays, inclusive of co-pays with other sources of funds (e.g. first party, third party insurance, other funding sources).

Policy:

Reporting is required for all clients whose services are paid in whole or in part with state administered funds regardless of the type of co-pay or shared funding arrangement made for the services. This includes both co-pay arrangements where public funds are applied from the starting date of admission to a service, as well as those where public funds are applied subsequent to the application of other funding or payments.

For purposes of MDCH reporting, an admission is defined as the formal acceptance of a client into substance abuse treatment. An admission has occurred if and only if the client begins treatment. Therefore, events such as initial screening, assessment, and referral are considered to take place before an admission and should be reported under the SARF record.

A client is defined as a person who has been admitted for treatment of his/her own drug problem. A co-dependent (a person with no alcohol or drug abuse problem who is seeking services because of problems arising from his or her relationship with an alcohol or drug user) who has been formally admitted to a treatment unit and who has his/her own client record also should be reported with the record indicating his/her co-dependency.

For purposes of identifying the circumstances under which data should be submitted, MDCH assumes a simplified process model of treatment services delivery related to substance abuse. Basic to this model is the treatment episode, which is defined the period of service between the beginning of a treatment service for a drug or alcohol problem and the termination of services for the prescribed treatment plan. The first event in this episode is an admission and the last event is a discharge.

Any change in service and/or provider during a treatment episode should be reported as a discharge, with transfer given as the reason for discharge. For reporting purposes, “completion of treatment” is defined as the completion of ALL planned treatment for the current episode. Completion of treatment at one level of care or with one provider is not “completion of treatment” if there is additional treatment planned or expected as part of the current episode. The reason for discharge given in all instances where the treatment has not been terminated should be 06 (Transfer-Continuing in Treatment). The code of 06 will identify the fact that the client’s treatment episode did not terminate on the date reported.

1. Data definitions, coding and instructions issued by MDCH apply as written. Where a conflict or difference exists between MDCH definitions and information developed by the CA or locally contracted data system consultants, the MDCH definitions are to be used.

2. All data collected and recorded on admission and discharge forms shall be reported using the proper Michigan Department of Consumer and Industry Services (MDCIS) substance abuse services site license number. MDCIS license numbers are the only basis for recording and reporting data to MDCH at the program level.

   Combined reporting of client data in data uploads from more than one license site number is not acceptable or allowable, regardless of how a CA funds a provider organization.

3. Failure to assure initial set up and maintenance of the proper site license number and CA code will result in data that will be treated as errors by MDCH. Any data submitted to MDCH with improper license numbers will be rejected in full. The necessary corrections and data resubmissions will be the sole responsibility of the CA in cooperation with the involved service providers.

4. Each admitted or served client shall have both his/her Social Security Number (SSN) and a unique CA Client ID as required individual client numbers.

   Along with the SSN, there must be a unique CA client identifier assigned and reported. It can be up to 11 characters in length, all numeric. This same number is to be used to report data for all admissions and encounters for the individual within the CA. It is recommended that a method be established by the CA and funded programs to ensure that each individual is assigned the same identification number regardless of how many times he/she enters services in any program in the region, and that the client number be assigned to only one individual.

5. CAs will send Medicaid encounters to the respective PIHP that is responsible for the Medicaid funding and will not send them to MDCH. CAs will send encounters into MDCH only for Community Grant clients. If Block Grant funds pay for room and board for a Medicaid client, then the encounter sent in must reflect only that portion of the encounter. This requirement does require that the CA split out Medicaid encounters from all others and to send those only to the PIHP.

6. Any changes or corrections made at the CA on forms or records submitted by the program must be made on the corresponding forms and appropriate records maintained by the program. Failure to maintain corresponding data at the CA and program levels will result in data audit exceptions on discovery of discrepancies during an MDCH on-site data audit/review. Each CA and its programs shall establish a process for making necessary edits and corrections to ensure identical records. The CA is responsible for making sure records at the state level are also corrected via submission of change records in data uploads.

7. Providers of residential and/or detoxification services must maintain a daily client census log that contains a listing of each individual client in treatment. This listing can be made in client name or using the client identification number.

Census must be taken at approximately the same time each day, such as when residents are expected to be in bed. MDCH or the CA will review the daily client census logs in data auditing site visits.

Providers of pharmacologic support services (either methadone or buprenorphine) must maintain a log that contains a listing of each client in treatment, and their daily dosages of these medications provided by the program. MDCH or the CA will review these logs in data auditing site visits

8. Diagnosis coding on client data forms shall be consistent with the client's substance abuse treatment plan. If there is more than one substance abuse diagnosis determined, then the secondary diagnosis code should be reported accordingly. Diagnosis codes on the data records must be consistent with those listed on other client documentation (such as billing forms, etc.). Codes should be entered using only the proper DSM-IV definitions for substance abuse and other related problems that are being treated.

   The primary diagnosis should correspond to the primary substance of abuse reported at admission. The secondary diagnosis may or may not be consistent with the secondary substance of abuse if another diagnosis better reflects a more serious secondary problem than the secondary substance.

9. CAs are to provide training, manuals, and records/ forms to their funded services providers.

10. CAs must make corrections to all records that are submitted but fail to pass the error checking routine. All records that receive an error code are placed in an error master file and are not included in the analytical database. Unless acted upon, they remain in the error file and are not removed by MDCH. If the volume and scope of the errors becomes too burdensome, the CA can request a service bureau delete. This will clear out the database completely and allow the CA to re-start from an empty database.

    MDCH recommends that errors should be acted upon before the subsequent month's submissions are due. Via the established error correction process for admissions, discharges, and encounters, the CA should strive for a 100% acceptance rate by the time the FY is closed out in mid November. A minimum threshold for each CA of a 98% acceptance rate for admissions and discharges and 95% rate for encounters will be applied to the end-of year final data set. Any CA's data with acceptance rates under these thresholds will be deemed out of compliance for completeness of reporting.

    CAs must edit and correct as necessary all data records, and ensure that complete data entry occurs routinely as data flows into their offices and data systems. Data shall be as current as possible. All data from a particular month shall be entered into the CA's database by the end of the following month in preparation for uploading to MDCH.

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11. The CA is responsible for generating each month's data upload to MDCH consistent with established protocols and procedures. Monthly and quarterly data uploads must be received by MDCH via the DEG no later than the last day of the following month.

12. The CA should not request MDCH to provide reimbursements for any program that does not submit complete and accurate data to the CA within the established reporting time lines. Late or incomplete data reporting by the provider and/or CA may result in the withholding and potential loss of funding from MDCH.

13. Treatment clients may be admitted to more than one program or one service category at the same time. However, only the highest priority admission is reported under TEDS. The priority ranking is as follows: 1) Detoxification Services; 2) Long-term Residential; 3) Short-term residential; 4) Intensive Outpatient Services; 5) Outpatient with methadone or buprenorphine as part of services; 6) Outpatient; and 7) Case Management Services.

14. The CA must communicate data collection, recording and reporting requirements to local providers as part of the contractual documentation. CAs may not add to or modify any of the above to conflict with or substantively affect State policy and expectations as contained herein.

15. This document contains several references to data entry, editing, and correction by the CA. These references are not meant to preclude the program from data entry, editing, and correction. MDCH encourages data entry at the program level as long as all the criteria for reporting content and editing are met.

16. Statements of MDCH policy, clarifications, modifications, or additional requirements may be necessary and warranted. Documentation shall be forwarded accordingly.

17. Treatment clients who have not had any treatment activity in a 45-day period shall be considered inactive and their case discharged. A treatment discharge record should be completed and submitted; the effective date of discharge would be the last date of actual contact with the program. The record should be completed and submitted based on the clients status as of the last contact; records with all data items marked as unknown or left blank are not acceptable.